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SECRET

SECURITY INFORMATION

DATE: _____

MEMORANDUM

TO : WE/BF

FROM : _____
(ORIGINATING BRANCH) (PHONE EXTENSION AND NAME OF CASE OFFICER)

SUBJECT: Request for Travel Order

It is requested that Travel Orders be initiated for:

NAME: _____ GRADE & SALARY: _____

TITLE: _____ OFFICIAL STATION: _____

DEPENDENTS TRAVELLING: _____
(AGES OF CHILDREN, IF ANY)

DATE OF DEPARTURE: _____ RETURN: _____

ITINERARY: _____

MODE OF TRAVEL: _____

PURPOSE OF TRIP: _____

ADVANCE OF FUNDS AUTHORIZED: \$ _____

ESTIMATED COST OF TRIP: \$ _____ CHARGE TO: _____

ASSIGNMENT: _____
(PP - FI - PM)

SPECIAL PROVISIONS: _____

APPROVED:

BRANCH CHIEF

SECRET

C O N F I D E N T I A L
SECURITY INFORMATION

Date _____

TO: NEA/ADMINISTRATION

SUBJECT: Request for Travel Orders

1. It is requested that Travel Orders be initiated for:

(a) Name: _____ Grade & Salary: _____

(b) Title: _____ Official Station _____ Ext: _____

(c) Dependents Travelling: _____

(d) Date of Departure: _____ Return _____

(e) Itinerary: _____

(f) Mode of Travel: _____

(g) Project Chargeable to: _____

(h) Purpose of Trip: _____

(i) Advance of Funds Needed: \$ _____

(j) Special Provisions: _____

Approved: _____

Date _____

1. _____
Name, Division, Extension, Grade, Home Telephone No. Badge No.

2. ITINERARY: (Including temporary duty points and duration of duty of each, be specific.)

3. MODE OF TRAVEL: Air _____ Rail _____ Private Auto _____ Military Air _____

Is an advance on per diem required? _____

Date of Depart: _____ Time of Depart. from D. C. _____

Date of Return: _____ Time of Arrival in D. C. _____

4. PURPOSE OF TRAVEL: (Give full details. Name of individuals and organizations to be contacted. Classify accordingly. If traveler attends any conventions, luncheons, dinners, etc., substantiating evidence, i.e., receipts, must be submitted with the travel voucher.)

5. APPROVED: _____
Division or Staff Chief Date

6. ATTENDANCE AT ANNUAL MEETINGS: Approved _____ Denied _____

7. To be completed by Administrative Branch

LIAISON CLEARANCE: Approved _____ Denied _____
Liaison Officer

VIA AIR

Depart: Airline _____ Flt.# _____ Lv. D. C. _____ Ar. _____

Return: Airline _____ Flt.# _____ Lv. _____ Ar. D.C. _____

VIA TRAIN

Depart: Train# _____ Date _____ Lv. D. C. _____ Ar. _____

Return: Train# _____ Date _____ Lv. _____ Ar. D.C. _____

TRAVEL ORDER No. OSI _____ Dated _____

25X1

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 Travel Processing Guide

(dated March 1953)

To be revised upon approval of proposed procedure to provide institution of Agency Travel Request Form (CIA No. _____) and the use of a combined travel order and voucher Form (CIA No. _____) for Domestic TDY where no per diem is involved and expenses incurred are \$25 or less.



SECURITY INFORMATION

REQUEST FOR TRAVEL ORDERS

(TO BE USED FOR ALL FOREIGN TRAVEL; FOR DOMESTIC TRAVEL INCLUDING PER DIEM, OR EXCEEDING \$25 COST)

Note: Combined Domestic Travel Order & Voucher for TDY Form No. _____ must be used where applicable.

TO: Central Processing Branch, Personnel Office			Date	
Originating Office	Division	Office Use	Travel Request No.	
FROM:				
IT IS REQUESTED THAT TRAVEL ORDERS BE PREPARED FOR:				
NAME		TITLE	GRADE & SALARY	ALLOTMENT ACCT. SYMBOL
OFFICIAL STATION	OFFICE PHONE	ESTIMATED COST	PROJECT CHARGEABLE (if applicable)	
DURATION Date of Departure Date of Return		TYPE: <input type="checkbox"/> TDY <input type="checkbox"/> PCS	I certify that funds are available: Signature _____	
COORDINATION AS REQUIRED (To be effected by originating office) <input type="checkbox"/> DD/P <input type="checkbox"/> Other Operational Areas; <input type="checkbox"/> Theater Clearance (if obtainable) <input type="checkbox"/> Cover Arrangements		Common Carrier MODE: <input type="checkbox"/> Air <input type="checkbox"/> Sea <input type="checkbox"/> Rail	Government <input type="checkbox"/> Air <input type="checkbox"/> Sea <input type="checkbox"/> Automobile <input type="checkbox"/> Privately owned auto.	
PURPOSE:				
ITINERARY				
DEPENDENTS TRAVELLING: (Ages of Children, if any)				
SPECIAL PROVISIONS:				
Advance of Funds Authorized \$ _____ Name and Title of Authorizing Official (Type)		APPROVAL _____ _____ Date _____ Authorizing Official _____		

SECURITY INFORMATION

COMBINED DOMESTIC TRAVEL ORDER & VOUCHER FOR TDY

(For use when per diem is not involved and expenses are \$35. or less)

NAME	TITLE	TRAVEL ORDER NO.	
OFFICIAL STATION	GRADE & SALARY	OFFICE PHONE	ALLOTMENT ACCOUNT SYMBOL

PURPOSE

TRAVEL TO BEGIN ON OR ABOUT	TERMINATING APPROX.	MODE OF TRAVEL (Specify)	ESTIMATED COST \$
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ALLOWANCE FOR PRIVATELY OWNED AUTOMOBILE (If Applicable)

- ☐ Seven cents per mile, not to exceed cost by com. carr.
☐ Seven cents per mile, more advantageous to the Gov.

I certify that the funds are available

NAME AND TITLE OF AUTHORIZING OFFICIAL (Type)

Date

Signature of Authorizing Official

DISBURSEMENT OFFICE VOUCHER NO.

BUREAU VOUCHER NO.

APPROPRIATION SYMBOL

SCHEDULE OF EXPENSES:

Instructions

1. Show itinerary, time of departure and arrival at each point.
2. Itemize travel and expenses.
3. Appropriate receipts or explanations must be furnished to support each cash disbursement.

DATE 19__	CHARACTER OF EXPENDITURE	AMOUNT CLAIMED		
		No. of Miles @ __ cents per.	Travel	Other

I certify that this voucher and attachments are correct and just in all respects, and that payment or credit therefor has not been received.

Total Amount Claimed \$

Payee

(Signature)

(Date)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

Date

19__

Payment Received:

Signature of Payee

Date

Paid by Cash \$

FORM NO.

NOV 1953